

KENT LUNATIC ASYLUM,

BARMING HEATH, MAIDSTONE.

ANNUAL

MEDICAL REPORT,

FOR THE YEAR 1858-59, ENDING JULY 4TH.

MAIDSTONE.

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MDCCCLIX.



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STATISTICAL TABLES.

TABLE [I.]

OF ALL THE

ADMISSIONS, DEATHS, AND DISCHARGES.

	Admitted.		Died.		Recovered.		Relieved.		Not Improved.		Total Discharged.		Remaining.	
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
From the opening on Jan. 1st, 1833, to July the 4th, 1858.	1465	1433	573	423	478	445	57	104	97	112	1205	1084	260	349
		2898		996		923		161		209		2289		609
During the last year, ending July 4, 1859	82	*84	24	25	29	38	+17	11	10	7	80	81	262	352
		166		49		67		28		17		161		614
Total...	1547	1517	597	448	507	483	74	115	107	119	1285	1165		
		3064		1045		990		189		226		2450		

* Includes one brought back after unsuccessful trial. † Includes one escaped.

TABLE II.
Admissions of all Years, and present remainders.

Years.		All Annual Admissions.	July, 1859 Remainders of All Annual Admissions.	Quotas of all Annual Admissions to Discharges of the last Year.					Aggregate remainder (1859) from Admis- sions down to any year.
				Recovered.	Relieved.	Not Im- proved.	Dead.	Total.	
1	1833	126	14 after 26 years	...	...	2	2	4	14
2	1834	68	8 „ 25 „	...	...	...	...	...	22
3	1835	60	5 „ 24 „	...	...	...	...	...	27
4	1836	56	3 „ 23 „	...	...	...	...	...	30
5	1837	43	2 „ 22 „	...	...	...	...	...	32
6	1838	44	6 „ 21 „	...	...	2	...	2	38
7	1839	54	6 „ 20 „	...	...	...	...	...	44
8	1840	38	4 „ 19 „	...	...	...	1	1	48
9	1841	41	5 „ 18 „	...	...	...	1	1	53
10	1842	69	6 „ 17 „	...	...	1	1	2	59
11	1843	86	9 „ 16 „	...	...	1	1	2	68
12	1844	79	5 „ 15 „	...	...	...	...	...	73
13	1845	113	19 „ 14 „	...	...	1	1	2	92
14 (half)	1846	41	6 „ 13½ „	...	...	2	...	2	98
14-15	1847	108	13 „ 13 „	...	1	1	...	2	111
15-16	1848	96	10 „ 12 „	...	...	...	...	...	121
16-17	1849	114	18 „ 11 „	...	1	...	1	2	139
17-18	1850	116	18 „ 10 „	...	...	...	1	1	157
18-19	1851	286	20 „ 9 „	2	...	...	...	2	177
19-20	1852	201	38 „ 8 „	...	3	1	1	5	215
20-21	1853	171	41 „ 7 „	...	1	...	...	1	256
21-22	1854	168	33 „ 6 „	...	2	...	1	3	289
22-23	1855	189	39 „ 5 „	1	1	1	3	6	328
23-24	1856	192	52 „ 4 „	4	2	2	6	14	380
24-25	1857	158	52 „ 3 „	3	6	...	6	15	432
25-26	1858	181	67 „ 2 „	25	5	2	11	43	499
26-27	1859	166	115 „ 1 „	32	6	1	12	51	614
TOTAL		3064	614	67	28	17	49	161	

TABLE III.

General Statement, comparative of the last two years.

	July, 1859.			July, 1858.		
	M.	W.	T.	M.	W.	T.
Patients remaining from the last year	260	349	609	266	335	601
Admitted since (yearly).....	82	83	166	79	102	181
Brought back after failure of trial ...	...	1				
Total under treatment	342	433	775	345	437	782
Deduct discharges and deaths (with 1 male escaped).....	80	81	161	85	88	173
Remaining July 4th	262	352	614	260	349	609
The number remaining consisted of						
Patients of contributing parishes	215	290	523	208	288	514
Ditto chargeable to the county.....	8	10		8	10	
Ditto of boroughs in the county	32	46	78	35	47	82
Ditto of other counties	7	6	13	9	4	13
Total	262	352	614	260	349	609
Average number daily resident .....	...	...	600	...	...	619
Highest number on any day.....	266	358	624	280	355	635
Lowest ditto	248	331	579	265	335	600
Number of beds in the Asylum	298	394	692	298	368	666
Employed, highest number	188	199	387	203	201	404
Ditto, lowest ditto	171	164	335	178	190	368
Patients were discharged as under :						
Recovered	29	38	67	30	36	66
Relieved (with one male escaped).....	17	11	28	8	13	21
Not improved.....	10	7	17	9	5	14
Dead	24	25	49	38	34	72
Total discharges...	80	81	161	85	88	173
The admissions comprised :—						
Cases supposed to be of first attack ...	61	44	105	53	59	112
Ditto repeated ditto	21	40	61	26	43	69
Total admissions...	82	84	166	79	102	181
Cases of re-admission into this Asylum	10	15	25	19	24	43

ADMISSIONS, 1858-1859.

Number :—Men, 82 ; Women, 84 ; Total, 166.

T A B L E I V.

The admissions comprised:—	1858-9.			1857-8.		
	M.	W.	T.	M.	W.	T.
Patients from contributing parishes	67	73	140	70	92	162
„ charged to the county account	10	3	13	2	1	3
„ from Boroughs in Kent.....	5	8	13	7	9	16
Total	82	84	166	79	102	181
Of these, sent from Gaols	15	3	18	4	2	6

T A B L E V.

Ages of the Patients admitted.

Decennial periods of age.	1858-9.			1857-8.		
	M.	W.	T.	M.	W.	T.
From 6 to 20	2	8	10	6	4	10
„ 20 „ 30	20	16	36	18	25	43
„ 30 „ 40	21	21	42	19	21	40
„ 40 „ 50	11	18	29	16	22	38
„ 50 „ 60	16	9	25	9	16	25
„ 60 „ 70	9	9	18	6	8	14
„ 70 „ 77	3	3	6	5	6	11
Total	82	84	166	79	102	181

TABLE VI.

Forms of Disorder, Prospect of Recovery and Complications in the Cases Admitted.

Forms,	Prospect.						Complications.		
	Apparently Curable.		Curability. Doubtful.		Not Curable.		Paralysis.		Epilepsy.
	M.	W.	M.	W.	M.	W.	M.	W.	
Acute Mania	19	18	6	3	..	3	..	..	..
Ditto a Potù.....	3	..	..	..	1	..	..	..	..
Ditto Puerperal .....	..	3	..	..	..	..	..	..	..
Chronic Mania .....	..	..	..	2	2	6	..	1	..
Occasional ditto, with or without Dementia .....	..	..	1	..	6	4	1	4	4
Melancholia	4	13	11	9	4	2	..	..	..
Dementia .....	..	..	..	..	15	6	12	4	2
Imbecility (of old age or other), or, Idiocy with Mania .....	..	..	..	..	8	7	..	1	..
Idiocy .....	..	..	..	..	2	8	..	1	2
Total.....	26	34	18	14	38	36	13	11	8

TABLE VII.
DISCHARGES.

Discharged :—Men 56 ; Women 56 ; Total 112.

				M.	W.	T.
Thus :—Recovered	—	—	—	29	38	67
Absolutely at first	24	24	48			
After absence on trial	5	14	19			
„ Relieved	—	—	—	17	11	28
For removal to other Asylums	5	1	6			
Ditto workhouses	7	5	12			
Ditto home	3	5	8			
Ditto, ditto after trial.....	1	...	1			
Escaped	1	...	1			
Not improved	—	—	—	10	7	17
For removal to workhouses	10	4	14			
Ditto home .....	...	3	3			
Total				56	56	112

TABLE VIII.
DEATHS.

Died :—Men 24 ; Women 25 ; Total 49.

Ages at Death. Periods of Residence.

Number in each Decennium .				Time of Residence.			
	M.	W.	T.	Under 1 month	Under 1 year.	Under 10 years	Under 26 years
At 16 years of age	1	...	1	...	1	...	...
From 20 „ to 30.....	2	4	6	1	3	2	...
„ 30 „ 40.....	5	5	10	...	4	5	1
„ 40 „ 50.....	7	4	11	2	2	7	...
„ 50 „ 60.....	7	4	11	1	3	2	4
„ 60 „ 70.....	2	6	8	...	3	4	2
„ 70 „ 77.....	...	2	2	...	1	...	1
Total	24	25	49	4	17	20	8

TABLE IX.
Causes of the Deaths.

Immediate Causes.	Number of Deaths.			Remote Causes (where any) acting in Combination.											
				Abscess in Brain.		Apoplexy, Epilepsy, Partial Paralysis.		Pleurisy, Phthisis.		Disease of the Pylorus.		Organic Disease of Heart.		Dropsy. Fracture.	
M.	W.	T.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	
General Paralysis	9	...	9	...	2	3	...	...	...	...	...	...	...	...
Partial ditto	4	5	9	...	2	...	...	...	...	...	...	...	...	...
Exhaustion of Acute Mania .....	...	3	3	...	...	1	...	1	...	...	...	...	...	...
Pulmonary Consumption	4	10	14	...	...	...	...	...	...	...	...	...	...	...
Exhaustion of Melancholia	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Pneumonia, Pleurisy	2	...	2	...	...	...	...	...	...	...	...	...	...	...
Chronic Bronchitis .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Disease of the Heart .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Atrophy .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Choking (accidental)	1	...	1	...	1	...	...	...	...	...	...	...	...	...
Epilepsy	3	2	5	...	...	2	...	...	...	...	...	...	...	...
Constitutional exhaustion in old age.....	...	2	2	...	...	...	...	—	...	...	...	...	...	...
Total	24	25	49	...	1	5	6	1	1	...	1	1	...	3	

TABLE X.

Per centages of the year and comparison.

Per centage of :—	1858-9	1857-8	1856-7	1855-6	1854-5	1853-4
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Admissions on number remaining at end of the last year	27.25	30.11	26.37	34.10	33.75	30.82
Re-admissions on the Admissions	15.06	22.65	15.82	20.31	15.87	10.72
Cases of repeated attack on the admissions.....	36.74	33.70	26.58	38.02	33.33	25.00
Discharges and Deaths ditto	97.59	95.58	98.73	81.25	98.41	91.07
Excess of Admissions on Discharges of the Years	3.01	4.62	1.28	23.07	1.59	8.93
Recoveries on the Admissions	40.36	36.46	39.87	36.92	37.03	39.10
Ditto on the mean number daily resident	11.16	10.66	10.44	12.30	12.34	12.42
Ditto on the whole number under treatment.....	8.62	8.44	8.32	9.40	9.34	9.25
Deaths on the Admissions	29.51	39.77	48.10	31.77	44.44	35.10
Ditto on the mean number daily resident.....	8.16	11.63	12.60	10.57	14.81	11.10
Ditto on the whole number under treatment	6.32	9.20	10.03	8.07	11.21	8.27

COUNTY OF KENT.

TABLE XI.—ABSTRACT OF THE ANNUAL RETURNS (16 AND 17, VIC., CAP. 97., SEC. 64) OF LUNATICS CHARGEABLE ON JANUARY 1ST, 1859.

NUMBERS RETURNED.										WHERE MAINTAINED.													
UNIONS.	Total of each Union.			Chargeable.						In County Asylum.			In Licensed Houses or other Co. Asylums.			In Union Houses.				In Lodgings, or, with Friends.			
				To the Contributing Parishes.			To the Local Jurisdictions.																
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
Ashford, East ...	3	4	7	3	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ditto, West	9	10	19	9	10	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aylesford, North .	13	14	27	11	11	22	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blean.....	9	3	12	9	3	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bridge	7	10	17	7	10	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bromley.....	9	7	16	9	7	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cranbrook	13	16	29	13	16	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dartford.....	16	32	48	16	32	48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dover.....	14	22	36	4	4	8	10	18	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eastry	19	32	51	13	16	29	6	16	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Elham	11	14	25	5	10	15	6	4	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Faversham.....	10	12	22	7	5	12	3	7	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gravesend	11	21	32	11	21	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Greenwich.....	72	117	189	72	117	189	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hollingbourne ...	11	16	27	11	16	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoo	1	2	3	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lewisham	18	16	34	18	16	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Maidstone	28	34	62	9	11	20	19	23	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malling	13	14	27	13	14	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milton	5	9	14	5	9	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Medway	32	41	73	22	28	50	10	13	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Romney Marsh...	4	8	12	1	2	3	3	6	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sevenoaks.....	18	28	46	18	28	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheppey.....	15	7	22	14	6	20	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tenterden	7	15	22	6	10	16	1	5	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thanet	28	25	53	11	7	18	17	18	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tunbridge	17	24	41	17	24	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	413	553	966	335	439	774	78	114	192	...	...	...	...	...	...	...	...	...	...	...	...	...	...
On Jan. 1, 1858	401	563	964	322	441	763	79	122	201	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Increase	12	...	2	13	...	11	...	...	...	Decrease 32	...	...	...	...	...	...	...	...	...	...	...	...	...
Decrease .....	...	10	...	...	2	...	1	8	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Net increase .....	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
										Decrease 32			Increase 2.			Increase 37.			Decrease 5.				

ANNUAL REPORT, 1858-59.

The principal facts which will be noticed in the preceding tables are, that the year's admissions have been more moderate, whilst the discharges have very nearly equalled them; that the deaths have been unusually few and wholly independent of any general ill-health—pulmonary consumption, paralysis and epilepsy together, having caused more than three-fourths of the whole; that the rate of recoveries is relatively the highest of the last six years; that the accommodation afforded for patients has been, and is, amply sufficient for the demands of the county; and that the prevalence of lunacy in the county (as exhibited by the returns which yield the materials of table 2) is scarcely increased, since there were but two more lunatics chargeable in 1859 than in 1858. This, as regards the lunatic poor in the mass, without distinction as to chargeability; looking, however, to the last point, the boroughs show a decrease of 9, the parishes at large, an increase of 11.

The death rate was never so low, having been only $6\frac{1}{3}$ per cent. on the whole number treated.

TABLE 6. Of the one hundred and sixty-six cases admitted, sixty only could be regarded as offering a prospect of cure. As in last year's report it was stated (p. 26) that there remained a balance of seventy-two probably curable cases in all, we have had these and the sixty fresh ones (total 132) as the source of recoveries for the past year.

Sixty-seven having recovered and been discharged, there remain sixty-five hopeful cases in the Asylum.

Excluding the 74 incurable cases amongst the admissions, and throwing together the apparently curable and the doubtful ones, amounting to 92, the proportion of the year's recoveries would be over 72 per cent. This calculation is only of use in showing to how great an extent insanity is a curable disease when there do not exist *primâ facie* reasons forbidding the expectation of recovery.

CAUSES. I have omitted the usual tables showing the causes of the

disorder in the patients admitted, because the particulars desirable under this head were so often wholly wanting, or, unsatisfactory if obtained. In about two-thirds of the cases admitted, the exciting cause was either not known or not assigned. The causes most frequently alleged were, drunkenness 12 or 13 times; parturition and its consequences and pregnancy 7 or 8 times. These had acted either physically, as in married women, or, morally and physically in unmarried women who had been seduced; violent injuries to the head and sunstroke in 9 or 10 instances; and poverty in 3 or 4. In the rest (about a sixth of the whole) miscellaneous causes, chiefly of a moral nature, were assigned, and they do not readily admit of the condensation necessary to produce them in the form of a table.

It is usual, in an Asylum Report, to mention the remarkable events and accidents which may have happened in the year. On this occasion a very few words will serve this purpose; for, except one instance of accidental choking, eleven of fractures and dislocations and thirteen of escape (if, indeed all, or, any of these events can be deemed remarkable in an Asylum), there has been nothing requiring to be recorded. The case of choking was duly reported to the Coroner, as also were three other cases of sudden death. The fractures and dislocations were principally owing to falling in epileptic fits, but three of them to a push or a blow given by one patient to another. In no instance was any injury due, or, supposed to be due, to rough treatment by attendants. The patients who escaped were all, except one, recaptured, generally after very brief absences. Some of the escapes were of the most trifling kind, such as when a man walked from his work on the land into an adjoining wood, in the nutting season, or, rambled away for a walk, or ran with intent to escape and was seen and pursued, but not caught on our own side of the hedge. All such trifles are, according to the necessary formalities, accounted and treated as escapes.

The general health and condition of the patients have been excellent, without interruption through the year. If, as already shown, the deaths have been so few, the amount of bodily illness also has been very small. This Asylum has always enjoyed much freedom from sickness, but in the last year to a remarkable degree, and there are, I think, several substantial reasons for this great advantage.

July 14th, 1859.

APPENDIX.

Sketch of a plan for the due care of all pauper lunatics, without destroying the efficiency of county Asylums (which should be hospitals for treatment) by their over-enlargement.

INTRODUCTION. The thirteenth Report* of the Commissioners in Lunacy contains a particular statement in reference to each county Asylum in England and Wales. The most striking fact is the frequent allusion to enlargement. Additional accommodation is either recommended and urged, or, spoken of as being either just completed, or in progress, in no less than twenty-one instances out of thirty-three; that is, in two-thirds of all the established county Asylums. There are two or three more county Asylums, but they are new and very recently opened. The daily average number of patients in one of these twenty-one Asylums, in 1858, amounted (it is the highest instance) to 1295. The 21 Asylums may be classed thus:—

Present size of Asylums undergoing, or, to undergo enlargement.

Containing	159 patients	1 Asylum.
„	from 267 to 297 patients	4 Asylums.
„	„ 303 „ 333	„ 5 „
„	„ 401 „ 505	„ 6 „
„	„ 723 „ 1295	„ 5 „
Total.....		21 „

It may be held that, except the first, there is not one of these Asylums but is already as large as can consist with the best management, whilst all those receiving more than 300 patients may be deemed to have exceeded the limit of highest efficiency. Wherever the work to be done exceeds the direct capacity of one head, and the personal supervision of one pair of eyes, then the consistent and harmonious idea of a perfect management cannot be so well executed.

The division of labour may serve indefinitely in a field of operations where human feelings have no concern; but, in a community of insane persons, there can seldom, if ever, be more than one director to beneficially exercise the authority, and to have the experience and mental adaptation necessary to conduct everything well.

To meet the prevailing growth of Asylums, what are we getting? A

* March, 1859.

system of management by deputy, in the persons of junior officers and head attendants. Surely this is an inferior alternative, which has sprung up merely from the necessity of dividing labours that have grown too great. Before we accept this as a permanent system, it will not be amiss to contrast it with that which once prevailed. It may not be possible to return to old dimensions, but something may be done to check a practice which is carrying deterioration with its every advance. It has been well said that "pauper insanity is encouraged by a system which freely opens the wards of an asylum to any imbecile youth, or demented old person of the pauper class, and that, in accordance with economic laws, the supply of insanity has kept pace with the demand."*

It is not too much to assert that the non-restraint system itself is in danger of partial lapsing through the mere over-enlargement of Asylums. If there is a thing in the world closely dependent on the care and watchfulness of an individual mind, it is the application of the principles of non-restraint. The economical argument, even, in favour of large Asylums is by no means uniformly borne out. Our largest Asylums, those which have been again and again extended, in preference to multiplying the number of distinct establishments in different parts of a county, chiefly in anticipation of a saving to be effected by more heavily working a fixed staff (not, it may be remarked, either a very fair, or very wise proceeding), have not succeeded in maintaining their patients at rates lower inversely to their size. The fact would seem to be rather the other way; the bigger an Asylum, the more costly a patient's maintenance therein. A comparison of this kind, however, is made between circumstances far too unequal in different places to be insisted upon. Asylums themselves differ greatly; varying local customs in dietary, clothing, and in the capacity of the patients for labour and amusement, may fairly explain the disparity in relative cost; and it is always right to assume, *primâ facie*, that the most expensive maintenance is the most highly perfected one.

1. The proposition that the enlargement of an Asylum may be destructive of the best aims of its establishment will need little support. I believe all experienced persons will grant, at once, that mere greatness of size can effectually prevent those other conditions from being equal, upon which the real goodness of such an establishment must depend. I mean the infinite occasions for seeing and doing, when seeing and doing

* From a review of the 11th Report of the Lunacy Commissioners in *Asylum Journal* of July, 1858.

can only be exercised in the best manner by the chief officer in person.

2. The artificial separation made by the law in the control of public lunatics should be abandoned, since by that, many, or, all of the existing evils must be perpetuated; and all the lunatic poor of a county, wheresoever maintained, should be brought (as has been by others suggested) under the compact authority of the Board of Asylum Visitors. These, by their officer would take cognizance of any patients maintained away from the Asylum.

3. The law being altered as to the general authority, it should further be made lawful to detain certain insane paupers in Workhouses, under certain desirable conditions, which must in all essentials be carefully detailed. In brief, these essentials would be neither more nor less than the whole group of advantages which the transferrable cases require, and now enjoy in the best public Asylums. The leading idea is to work the Asylum (or, place of cure) and all the Workhouse branches together, as the mutually dependent parts of one organisation.

4. Let it be supposed that a suitable portion of an Union Workhouse is *devoted* to the reception of a few insane persons. Every condition, both within doors and without, deemed necessary in an Asylum being added and kept up under a proper surveillance, what would be the consequences? We should have a little Asylum,* perfect in all its parts, according to the limit within which its resources would be drawn upon. It would be one of a complete series of little feeders to the present establishment, which is the house of cure. It would be manageable because small. The maintaining of it would prove, perhaps, little less costly per patient than that of the County Asylum. But then, the whole range of public lunacy would be cared for in a proper manner, instead of a portion only; which portion is, now, too often determined by the capacity of the County Asylum. Thus, it ought to be considered a sufficient advantage to get the whole subject properly treated at no greater relative cost, without the ruinous expedient of crippling the house of cure—overlaying and burying its efficiency under its own growth.

For an example, I will take our own county. There are about 370 insane persons now in Union-houses, in lodgings and with friends. There are 27 Poor-law Unions in Kent; therefore these numbers would

* A distinctive title might be useful. Say "Parasyle" (from par, equal; or, para, besides and Asylum). Or, for common use, "House-in-aid" (in both senses, the auxiliary and the remedial). Or, "Foster-home" (all Saxon. "Home" in the second sense, as the house of a foster parent, is the home of a foster-child).

give an average of about 14 patients to each Union. Fourteen would be a very manageable number for a Workhouse branch; but, of course, some Unions would have less and some more. Let it be enacted that the chief officer of the County Asylum shall be, also, the "Inspector" of public lunacy in the county, with the duty of visiting each Union branch four times in a year, at least; and with certain other necessary powers. The 27 Unions would require about 100 visits annually; that is to say, the Inspector must devote two days a week to those of his patients not living under his immediate charge in the principal Asylum. This would be no unreasonable share of his time. The patients now "farmed out," as it is called, need not absolutely be brought into the branches; but, where it might be evident that they were not well and properly cared for, this should be imperatively required by law. The insane persons already in the Workhouses would have their condition and treatment advanced to the proper standard. The Inspector would cause the exchange of cases, both ways, between the Asylum and the branches whenever necessary; and although lunacy might steadily increase, the number of alternative places, one in each Union, would permit of a diffusion such as would very long prevent pressure either in the parent Asylum, or, in any one particular branch. The present suggestion offers, also, a means of abating some evils now much complained of. It is justly considered that persons becoming insane ought not, on that account, to be so often taken to, and detained, more or less, in a common workhouse; and it is often to be deplored that they should there have been subjected to a sort of treatment, both moral and medical, which is not only not adapted to them, but prejudicial to their recovery.

It is not imagined that this treatment has sprung from a disposition to practice inhumanity, but from ignorance of what is right and useful and, also, from the non-existence in Workhouses of persons to understand, and of the proper means to deal with the difficulties presented by acute cases of insanity. If Workhouses should ever be made to embrace a proper lunacy department, there will exist in each Union a fitting place for the immediate resting of a person attacked by insanity, who cannot be allowed to remain at home until the legal preliminaries before admission into the Asylum shall have been transacted. The mention of one other useful result should not be omitted. The official association of the Inspector with all the Workhouse medical officers in turn, would surely, in due course, lead to the diffusion of the ideas of the day in respect of

the nature, right medical treatment and management of insanity. This spread of practical knowledge would not be limited in its advantages to the insane persons in the Workhouse under the immediate charge of the medical officer; but would react in favour of the public at large by justly influencing medical practice in all cases of insanity.

CONCLUSION.—Although the foregoing proposal emanates from the Asylum for the County of Kent, that County is not one having, or, that has had any recent share in the general complaint of insufficient accommodation for the insane poor. There is a satisfaction in stating that, for a long series of years, there has uniformly been space for the reception of patients, over and above the demands of the parishes. For the last eleven years (*viz.* ever since Sept. 29, 1848,)* no entitled patient whatever has been refused admission for want of room. On the other hand, from 1850 to 1858, patients of other counties in considerable numbers, borough and private patients (all, more or less, during $8\frac{1}{2}$ yrs.) were received concurrently with our own. Thus we have not only discharged our own special duty, but have been enabled to place a small share of accommodation at the service of others. This freedom is, at length, of necessity withdrawn; since it has become a matter of easy calculation from the past, that a few years must bring on, either the enlargement of this Asylum (which, as it will now hold 700 patients, would be a thing to be deplored), or, the adoption of some such alternative plan as I have so imperfectly sketched above. The interval of a few years before our filling up will give time for the maturing of a permanent, auxiliary scheme, and for the establishment of it in its working details.

JAMES E. HUXLEY, M.D.

SUPERINTENDENT.

September 17th, 1859.

* The whole number refused in the 3 years, nearly, preceding this date (Feb., 1846, to Sep., 1848), amounted to only 66.

